

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  2-28-0-7  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
Bruce Mitchell Gold Star Stone P.O. Box 62	
Oakley, Idaho 83346	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)  7099 3400 0016 8896 4011	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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